

PART B - FEE(S) TRANSMITTAL

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000201 7590 03/09/2004

UNILEVER
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Phoebe D. Nicholson (Depositor's name)
 _____ (Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/669,574	09/24/2003	Sudhakar Puvvada	J6784(C)	6794

TITLE OF INVENTION: EXFOLIATING AND MOISTURIZING TOILET BAR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
OGDEN JR, NECHOLUS	1751	510-458000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Alan A. Bornstein**

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Unilever Home & Personal Care USA,
Division of Conopco, Inc.

Greenwich, CT

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies **10**

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **12-1155** (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Alan A. Bornstein **14 May 2004**

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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05/19/2004 MAHME2 00000178 121155 10669574

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I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Assistant Commissioner for Patents
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On May 14, 2004


ALAN A. BORNSTEIN
Reg. No.: 40,919
Attorney for Applicant(s)

05/14/04
Date of Signature

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.: 000201
Attorney Docket No.: J6784(C)
Applicant: Puvvada et al.
Serial No.: 10/669,574
Filed: September 24, 2003
For: EXFOLIATING AND MOISTURIZING TOILET BAR

Group: 1751
Examiner: Necholus Ogden, Jr.
Edgewater, New Jersey 07020
May 14, 2004

ISSUE FEE TRANSMITTAL


Assistant Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

With regard to the above-identified patent application, Applicants(s) are enclosing herewith "Issue Fee" Transmittal Forms PTOL-85. Ten (10) soft copies of the printed patent are hereby requested.

Please deduct the \$1330.00 Issue Fee Payment and \$30.00 for 10 soft copies of the printed patent from Deposit Account No. 12-1155. Any deficiency or overpayment should be charged or credited to this Deposit Account. This authorization is submitted in triplicate.

Respectfully submitted,



Alan A. Bornstein
Registration No. 40,919
Attorney for Applicant(s)

AAB/pdn
(201) 840-2253